

COASTAL USE PERMIT TRANSFER REQUEST

PERMIT NUMBER: P _____

When the structures, work, and/or mitigation authorized by this permit are still in existence at the time the permit is transferred, the terms and conditions of this permit will continue to be binding on the new applicant(s) of this permit. To validate the transfer of this permit and the liabilities associated with compliance of its terms and conditions, the transferee and transferor shall sign and date below.

By signing and dating this transfer agreement, transferee agrees to assume all liabilities associated with this permit and abide by all conditions of this permit.

Transferee Signature

Date

Transferee Name (print or type)

Transferee Complete Mailing Address (print or type)

By signing and dating this transfer agreement, transferor agrees to transfer this permit to the above noted party.

Transferor Signature

Date

Transferor Name (print or type)

Transferor Complete Mailing Address (print or type)

It is the responsibility of the transferor to mail the original signed document to Coastal Management Division, P. O. Box 44487, Baton Rouge, LA 70804-4487. The transferor and transferee shall retain an approved copy of this document for their files.

Approved this _____ day of _____, 20____

DEPARTMENT OF NATURAL RESOURCES

Jim Rives, Acting Administrator
Coastal Management Division



See Instructions

COASTAL USE PERMIT

TRANSFER INSTRUCTIONS

An applicant having the need to transfer a Coastal Use Permit or other authorization to another party shall file a request for transfer by completely filling out all sections of the Transfer Request form according to the below instructions:

1. **Permit Number: P** _____

The number assigned to the permit that is being transferred can be found on the front page of the Coastal Use Permit.

2. _____
Transferee Signature

Date

This is where an authorized representative of the transferee (new applicant) must sign and date the document.

3. _____
Transferee Name (print or type)

This is the printed name of the individual or company (new applicant) who will be receiving the permit.

4. _____

Transferee Complete Mailing Address (print or type)

This is the current and complete mailing address of the transferee (new applicant) who will be receiving the permit.

5. _____
Transferor Signature

Date

This is where an authorized representative of the transferor (former applicant) must sign and date the document.

6. _____
Transferor Name (print or type)

This is the printed name of the transferor (former applicant) who will be transferring the permit.

7. _____

Transferor Complete Mailing Address (print or type)

This is the current and complete mailing address of the transferor (former applicant) who will be transferring the permit.

The completed Transfer Request form shall be mailed to:

Coastal Management Division, P.O. Box 44487, Baton Rouge, LA 70804-4487.

Should you have questions concerning filling out the Transfer Request form, please contact:

Bill Pittman, CRS Supervisor, by e-mail at billp@dnr.state.la.us or by telephone at 225-342-6466.